MDR Tracking Number: M5-05-0131-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 09-10-04.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the electrical stimulation, whirlpool, therapeutic exercises and re-evaluations were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, reimbursement for dates of service from 04-08-04 to 06-24-04 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Findings and Decision is hereby issued this 28th day of December 2004.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

DLH/dlh

Enclosure: IRO decision

IRO Medical Dispute Resolution M5 Retrospective Medical Necessity
IRO Decision Notification Letter

Date:	12/21/2004
Injured Employee:	
MDR #:	M5-05-0131-01
TWCC #:	
MCMC Certification #:	5294

Requested Services:

Please review the items in dispute: Stimulation, Whirlpool, Exercises, Evaluation.

MCMC llc (MCMC) is an Independent Review Organization (IRO) that was selected by The Texas Workers' Compensation Commission to render a recommendation regarding the medical necessity of the above Requested Service.

Please be advised that a MCMC Physician Advisor has determined that your request for M5 Retrospective Medical Dispute Resolution on 10/6/2004, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The items/modalities in dispute regarding stimulation, whirlpool, exercises, and reevaluations are not medically necessary.

The injured individual received 14 visits for the diagnosis of the posterior interosseous nerve as well as a tennis elbow release prior to the disputed items. After that he had 33 additional visits that consisted of Therex, stimulation, and whirlpool.

While the number of repetitions and exercises varied, most of the exercises were done every time the individual attended therapy. It is customary for the patient to receive exercises, verify that the exercises are being done properly/effectively and then they are done at home as a home exercise program. Many of the exercises done in the clinic (for 60 minutes or greater) could have and should have been done by the patient at home. It is customary to introduce new exercises to increase range of motion (ROM), strength and function as tolerated by the patient versus continuing with the same exercises in addition to the exercises given prior.

As to the other modalities, whirlpool and electrical stimulation, the number of treatments seems excessive since they were not having the desired affect. Whirlpool is a hydrotherapeutic modality that can be used for its thermal effects and for the combination of the physical forces of water (buoyancy, pressure, and viscosity) with therapeutic exercise. The general aims of pool therapy are to promote patient relaxation, improve circulation, restore mobility, strengthen muscles, and pain relief. According to the documentation provided, on several occasions, the patient complained of pain, stiffness, and insufficient ROM. The patient also complained of intermittent swelling which would be exacerbated by the dependent position the arm must be positioned into the whirlpool to perform the treatment.

Electrical Stimulation is a modality in which electrical current is introduced through the skin to provide and analgesic effect, or to stimulate the muscle to contract. The electroanalgesia can be traced back to the presentation of the gate-control theory of pain transmission. In the case of the injured individual, they received electrical stimulation (IFC) 80-150 for 10-15 minutes every visit. Again the patient continued to complain of point tenderness at the lateral epicondyle and the olecranon despite this intervention

The patient has failed both forms of conservative treatment after the period starting 4/8/04. Other forms of treatment should have been explored to increase ROM, increase grip strength, and decrease swelling and pain.

There are some studies that discuss the effectiveness of electrotherapy but none that provide support for the number of treatments the patient received.

In an article by Watson, he examines the role of electrotherapy in contemporary physiotherapy practice. In this article he states that electrophysical agents are utilized to bring about physiological effects, and it is these changes which bring about the therapeutic benefit rather than the modality itself. Indiscriminate use of electrotherapy is unlikely to yield a significant benefit, however used at the right time, it has the potential to achieve a beneficial effect.

Johnson and Tabasam performed an investigation into the analgesic effects of interferential current and transcutaneous electrical stimulation on experimentally induced ischemic pain in otherwise pain free volunteers. The interventions tested were IFC, TENS or sham electrotherapy. 30 volunteer subjects were tested. They found that there were not differences in the magnitude of analgesia between IFC and TENS. Interferential currents reduced pain intensity to a greater extent than sham electrotherapy.

The injured individual is a 43-year-old male who received 47 physical therapy visits for a left elbow injury while at work for which he underwent a surgical decompression of the radial nerve.

This is based on:

*Texas Workers' Compensation Commission Notification of IRO Assignment dated 10/06/2004
*TWCC Medical Dispute Resolution Request/Response form
Table of Disputed Services
*Texas Mutual Insurance Company Explanation of Benefits dated 06/17/2004, 06/24/2004, and 08/03/2004,
*Rebound Sports and Physical Therapy notes from 03/01/2004 to 06/24/2004,
*MD prescriptions (Dr. Meriwether) from 02/23/2004 to 05/27/2004,
*Daily PT notes from 03/01/2004 to 06/22/2004,
*Flow sheets from 03/01/2004 to 06/23/2004
*MD office notes (Dr. Meriwether) from 04/01/2004 to 06/24/2004.

REFERENCES:

1. Watson T, The role of electrotherapy in contemporary physiotherapy practice. Man. Ther. 2000 Aug;5 (3) 132-41.

2. Johnson MI, Taabasam G. An investigation into the analgesic effects of interferential current and transcutaneous nerve stimulation on experimentally induced ischemic pain in otherwise pain-free volunteers. Phys Ther 2003 March;8 (3) 208-223

3. Michlovitz, Susan. Thermal Agents in Rehabilitation 3rd Edition F. A. Davis Company 1996. Pgs. 139-162.

4. Robinson, A & Snyder-Mackler. Clinical Electrophysiology 2nd Edition. Williams and Wilkins. 1995 Pgs. 281-310.

The reviewing provider is a Licensed Physical Therapist and certifies that no known conflict of interest exists between the reviewing Physical Therapist and any of the treating providers or any providers who reviewed the case for determination prior to referral to the IRO. The reviewing physician is on TWCC's Approved Doctor List.

This decision by MCMC is deemed to be a Commission decision and order (133.308(p) (5).

In accordance with commission rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent via facsimile to the office of TWCC on this

22nd day of December 2004.

Signature of IRO Employee: _____

Printed Name of IRO Employee:_____